CLODIDA DEDADTMENT OF CTA	TE DIVISION OF ELECTIONS						
FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) WELLINGTON CHAMBER PAC	OFFICE USE ONLY						
Name	10 NA						
(2) 12230 FOREST HILL BLUD SUITE II Address (number and street)	RECEIVED APR 0-9 2012 Till were						
WELLINGTON, FL. 33414							
City, State, Zip Code							
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):							
☐ Candidate (office sought): ☐ Political Committee	CHECK IF PC HAS DISBANDED						
☐ Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED						
Party Executive Committee							
☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT I	DENTIFIERS						
Cover Period: From <u>03</u> / <u>08</u> / <u>/2</u> To <u>(</u>	33 / 31 / 12 Report Type 07						
Original Amendment Special Election							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$	Monetary Expenditures \$ 1, 505, 91						
Loans \$	Transfers to Office Account \$ - 0 -						
Total Monetary \$ — O —	Total						
	Monetary \$ 1,505.91						
In-Kind \$							
	(8) Other Distributions \$ <u>+,505</u> , ー の ー						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$	\$ <u>1,505.91</u>						
(11) CERTIFICATION							
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.						
(Type name) ALEXANDER L. DOMB	(Type name) ALEXANDER L. JOMB						
individual only of Treasurer Deputy Treasurer electioneering commun.	Chairperson (only for PC, PTY &						
X M. Jon	X W.						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTED LE APR 9 2012

(1) Name WELLINGTON CHAMBER MAC (2) I.D. Number									
(3) Cover Period ()3/08/12 through ()3/3/1/2 (4) Page / of /									
(5)	$\frac{(7)}{(7)}$		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)			Contribution	In-kind				
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	Description	Amendment	Amount		
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(5)	(7)	(8)	(9)	(10)	(11)
(5) Date	Full Name	Purpose			
	(Last, Suffix, First, Middle)	(add office sought if			
(6)	Street Address &	contribution to a	Expenditure		_
Sequence Number	City, State, Zip Code	candidate)	Type	Amendment	Amount
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03/30/12	COOPUES VIII		PRINTING	[1,405.91
	791 NORTHLAKE BLUD				
)	191 NOICITLARE OF 221108	·			
	NORTH PALM BEACH, FZ 33408				
	BSE DES/6NE COHMUNICATION	S	100		
03/30/12	2250 PALM BEACH LAKES BLUD		14/21		100.00
	SUITE 106		ART WORK		,
12	22/50		001-		
0.	2250 PALM BEACH LAKES BLUD SUITE 106 WEST PALM BEACH, GL. 33409				
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